GREATER VANCOUVER SEWERAGE AND DRAINAGE DISTRICT
BYLAW NO. 319, 2018
A Bylaw to Regulate the Discharge of Waste from Hospitals

Whereas:

A. The Environmental Management Act, S.B.C. 2003, c. 53 of British Columbia and the Greater Vancouver Sewerage and Drainage District Act, S.B.C. 1956, c. 59 authorize the Greater Vancouver Sewerage and Drainage District (the “District”) to make bylaws respecting the direct or indirect discharge of wastes into any sewer or drain connected to a sewage facility operated by the District;

B. The Greater Vancouver Sewerage and Drainage District Act authorizes the District to set fees payable by persons who discharge liquid waste into any work, service or plant of the District for conveying, disposing of, or treating liquid waste, and into any work, service, or plant connected thereto;

C. Hospitals produce waste that, when discharged or discarded into sewers or drains, may impact sewers, sewage facilities, human health and the environment; and

D. It is deemed desirable to regulate the discharge of waste from hospitals into sewers or sewage facilities.

NOW THEREFORE the Greater Vancouver Sewerage and Drainage District Board (the “Board”) enacts as follows:

Citation
1. This bylaw may be cited as "Hospital Pollution Prevention Bylaw No. 319, 2018", ("this Bylaw").

Definitions
2. In this Bylaw:

"authorized person" means a director, manager, trustee or board or other body of persons having the control and management of a hospital;

"biomedical waste" means any waste defined as biomedical waste in the Hazardous Waste Regulation, B.C. Reg. 63/88;

"drain" means any pipe, conduit, channel, or other similar plumbing equipment used to convey wastewater;

"drug" means a drug as defined in the Pharmacy Operations and Drug Scheduling Act, S.B.C. 2003, c. 77 and listed in the schedules of the Drug Schedules Regulation, B.C. Reg. 9/98.

"hazardous waste" means "hazardous waste" as defined in the Hazardous Waste Regulation, B.C. Reg. 63/88;
“hospital” means a nonprofit institution that has been designated as a hospital by the minister under the Hospital Act, R.S.B.C. 1996, c. 200 and is operated primarily for the reception and treatment of persons suffering from the acute phase of illness or disability, and does not include the following:

1. A private hospital as defined in Part 2 of the Hospital Act (nursing or convalescing home);

2. A designated hospital operated for the treatment of patients convalescing from or being rehabilitated after acute illness or injury; or

3. A designated hospital operated for the treatment of patients requiring extended care at a higher level than that generally provided in a private hospital.

“hospital pollution prevention plan” means a plan identifying pollution prevention measures and a schedule to achieve these measures that complies with the requirements as set out in Part 3;

“person” includes an individual, firm, company, association, society, partnership, corporation, municipality, institution or other similar organization, agency or group, and specifically also includes an authorized person as defined in this Bylaw;

“pollution prevention measure” means a process, practice, device, product, or other method or work that avoids, minimizes, or prevents the discharge of a waste identified in Part 2, to a sewer or sewage facility;

“qualified professional” means a person who:

(a) has professional qualifications or a combination of skills and experience relevant to one or more aspects of the subject matter in the plan, and

(b) is acting in his or her professional capacity;

“Sewer Use Bylaw” means Greater Vancouver Sewerage and Drainage District Sewer Use Bylaw No. 299, 2007;

“unused drug” means any drug that is expired, discontinued, prescribed but not used, or remains in syringes and/or intravenous infusion delivery bags;

3. Words that are italicized in this Bylaw are defined terms in either this Bylaw or have the same meaning given to those terms in the Sewer Use Bylaw or incorporated by reference into the Sewer Use Bylaw.

4. References in this Bylaw to an enactment, including the Sewer Use Bylaw, include the enactment as it may be amended or replaced from time to time.
Part 1 – Application

5. Every hospital or person that discharges, or allows or causes to be discharged, directly or indirectly, wastewater from a hospital into a sewer or sewage facility must comply with this Bylaw.

Part 2 – Prohibitions and Restrictions

6. No person may discharge or allow or cause to be discharged, directly or indirectly, wastewater from a hospital into a sewer or sewage facility if the wastewater contains any unused drugs or prohibited waste including the following:

(a) biomedical waste,
(b) hazardous waste, and
(c) radioactive waste (nuclear substances).

7. No hospital or person may discharge, or allow or cause to be discharged, directly or indirectly, wastewater from a hospital into a sewer or sewage facility if the wastewater contains any of the following:

(a) high volume discharge;
(b) restricted waste;
(c) wastewater containing formaldehyde with a concentration in excess of 30 mg/L obtained by a grab sample;
(d) storm water;
(e) uncontaminated water;
(f) ground water;
(g) water or any substance for the purpose of diluting any non-domestic waste;
(h) any substance, whether gaseous, liquid, or solid, in a concentration or quantity that is or may become a safety hazard to persons who operate or maintain a sewer or sewage facility.

unless such discharge is in accordance with a hospital pollution prevention plan approved by the Sewage Control Manager.
8. Every hospital must submit to the Sewage Control Manager, by no later than January 31, 2020, and every five years thereafter, a hospital pollution prevention plan. The hospital pollution prevention plan must be in such form, and must include such information, drawings, and specifications as set out in section 12, and as a Sewage Control Manager may prescribe from time to time.

9. The hospital pollution prevention plan shall be completed by one or more qualified professionals.

10. Each hospital pollution prevention plan must contain a declaration from an authorized person that the content of the hospital pollution prevention plan is, to the best of that person’s knowledge, true, accurate and complete and that the pollution prevention measures will be implemented in the timeline specified in the approved hospital pollution prevention plan.

11. Effective January 31, 2021 and annually thereafter, every hospital must submit a report to the Sewage Control Manager detailing the actions taken in the previous year to complete the pollution prevention measures specified in the hospital’s approved hospital pollution prevention plan.

12. A Sewage Control Manager may approve a hospital pollution prevention plan upon such terms and conditions as the Sewage Control Manager considers appropriate, including, without limiting the generality of the foregoing, requiring:

   (a) any pollution prevention measure to be included in a hospital pollution prevention plan;

   (b) any pollution prevention measure be implemented within a time period the Sewage Control Manager directs;

   (c) studies, sampling, monitoring, analyses or other procedures to be conducted, at the expense of the person who submitted the hospital pollution prevention plan, and the results reported to a Sewage Control Manager; and

   (d) information to be reported to a Sewage Control Manager concerning any activities or operations at the hospital.

13. A person who owns, operates, or controls more than one hospital at one site where similar activities or operations are conducted, or where similar wastes are caused or produced, may submit one hospital pollution prevention plan for all such hospitals, provided that the hospital pollution prevention plan complies with the requirements prescribed by this Bylaw in respect of each hospital at that site.

14. A hospital pollution prevention plan is not valid unless a Sewage Control Manager issues an approval in writing of the hospital pollution prevention plan.

15. If a hospital pollution prevention plan is not approved by the Sewage Control Manager, the hospital must amend and resubmit the hospital pollution prevention plan within the timeframe specified by the Sewage Control Manager.
16. If a resubmitted hospital pollution prevention plan is not approved by the Sewage Control Manager, the hospital is in contravention of this Bylaw and the Sewer Use Bylaw.

17. A Sewage Control Manager may, upon application by the authorized person who submitted the hospital pollution prevention plan or upon a Sewage Control Manager's own initiative, amend the terms and conditions of an approved hospital pollution prevention plan.

18. Without limiting any other provision of this Bylaw, a Sewage Control Manager may:

(a) Suspend or cancel an approved hospital pollution prevention plan or reinstate a suspended or canceled hospital pollution prevention plan; and

(b) specify that an approved hospital pollution prevention plan expires on a specified date or upon the occurrence of a specified event.

19. Every hospital that discharges any waste identified in Part 2 of this Bylaw that is not contained in its approved hospital pollution prevention plan must within 90 days of such discharge amend its hospital pollution prevention plan and submit it for consideration by the Sewage Control Manager.

20. Every hospital or authorized person must keep a copy of the approved hospital pollution prevention plan at the hospital to which the hospital pollution prevention plan relates, and where an approved hospital pollution prevention plan relates to more than one hospital at one location, then a copy must be kept at each hospital location.

21. Every hospital or authorized person must, upon request, make the approved hospital pollution prevention plan available for inspection by an officer or a Sewage Control Manager at each hospital to which the hospital pollution prevention plan relates.

Part 4 - Fees

22. Every hospital or person that discharges, or allows or causes the discharge of wastewater from a hospital into a sewer or sewage facility must, by the date specified in an invoice, pay an annual administration fee of $5,000 in respect of the administration of that hospital's hospital pollution prevention plan, as follows:

(a) to the District, if the District issues the invoice; or

(b) to the City of Vancouver, if the hospital is located wholly within the municipal boundaries of the City of Vancouver and the City of Vancouver issues the invoice.

23. Once a hospital has confirmed to the satisfaction of the Sewage Control Manager that:

(a) it is not discharging to a sewer or sewage facility any contaminant contained in section 6 of this Bylaw;

(b) it is in compliance with the Greater Vancouver Sewerage and Drainage District Food Sector Grease Interceptor Bylaw No. 268, 2012;
(c) it is in compliance with the Sewer Use Bylaw’s Code of Practice for Photographic Imaging Operations Using Silver; and

(d) it is not discharging to a sewer or a sewage facility wastewater with a formaldehyde concentration in excess of 30 mg/litre,

then the hospital or an authorized person may make a written request to the Sewage Control Manager to have the hospital’s annual administration fee reduced pursuant to section 24.

24. Upon approval of the Sewage Control Manager, the annual administration fee may be reduced to $2,000.

25. If further to an inspection or other information, an officer or a Sewage Control Manager determines that a hospital is no longer meeting the conditions described in section 23, then any prior approval of a reduction in the annual administration fee becomes null and void and the hospital will be liable to pay the regular annual administration fee set out in section 22.

Part 5 – Powers and Offences

26. A person who provides false or misleading information in a hospital pollution prevention plan, a report or other submission of information, or to an officer or the Sewage Control Manager in response to a request for additional information, commits an offence.

27. An officer or the Sewage Control Manager may require anything related to the discharge of wastewater from a hospital to be operated, used, set in motion, or opened under conditions specified by the officer or Sewage Control Manager, including with respect to any equipment that is being inspected.

28. If the Sewage Control Manager determines that a person has contravened or is contravening this Bylaw or the Sewer Use Bylaw, the Sewage Control Manager may issue an order requiring a person to take any actions the Sewage Control Manager considers necessary to stop the contravention or prevent another contravention.

29. Any hospital or person that contravenes any provision of this Bylaw commits an offence and is liable to a fine not exceeding $10,000.

30. If an offence under this Bylaw continues for more than one day, separate fines, each not exceeding the maximum fine for that offence, may be imposed for each day the offence continues.

Part 6 - General Conditions

31. If any portion of this Bylaw is held to be ultra vires, illegal, invalid, or unenforceable in any way, in whole or in part, by a court or tribunal of competent jurisdiction, such decision does not invalidate or void the remainder of the Bylaw. The portion so held to be ultra vires, illegal, invalid, or unenforceable will be deemed to be reduced in scope so as to be valid and enforceable, or in the alternative to have...
been stricken therefrom with the same force and effect as if such parts had never been included in this Bylaw.

32. Nothing in this Bylaw is intended to conflict with the Environmental Management Act. A conflict does not exist solely because further restrictions or conditions are imposed by this Bylaw or the Sewer Use Bylaw.

33. Words importing the singular number include the plural number and vice versa.

READ A FIRST, SECOND, AND THIRD TIME this 26 day of October, 2018.
PASSED, AND FINALLY ADOPTED this 26 day of October, 2018.

[Signatures]
Greg Moore, Chair
Chris Plagnol, Corporate Officer